

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5171AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/04/2009
NAME OF PROVIDER OR SUPPLIER TORREY PINES HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2970 S TORREY PINES DR LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation initiated on 10/21/09 and completed on 12/4/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for ten Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Complaint #NV00023426 was substantiated. See Tag Y525, Y570, and Y9999 The following deficiencies were identified:	Y 000		
Y 525 SS=D	449.259(3)(b) Supervision of Residents NAC 449.259 3. The employees of a residential facility shall: (b) Respect each resident's independence and ability to make decisions on his own, whenever possible.	Y 525		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 525	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview on 10/21/09, the facility failed to ensure 1 of 5 residents (Resident #1) was allowed to make decisions on his own. Findings include: An employee from a group home Resident #1 lived in prior to moving to this home attempted to deliver checks to Resident #1. Employee #1 stated she told Resident #1 not to sign for the checks. Resident #1 did not have a public guardian, he was responsible for himself. Severity: 2 Scope: 1	Y 525		
Y 570 SS=D	449.267(4) Money and Property of Residents NAC 449.267 4. Each resident must have access to his money held at the facility on his behalf during normal business hours on each business day. This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview on XXXX, the facility failed to ensure 1 of 5 residents (Resident #1) had access to his money at the facility during normal business hours. Findings include:	Y 570		

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Y 570	Continued From page 2 The facility contracted with a new owner. Resident #1 gave cashier's checks to the new owner. Employee #1 evicted the new owner from the facility and she took Resident #1's checks with her to a new facility. Severity: 2 Scope: 1	Y 570		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 11/10/09, the facility failed to ensure that 3 of 4 of exit doors had installed alarms that operated when the exit door was opened. Findings Include: The front door, sliding glass door, and back door of the facility were equipped with alarms that functioned. The facility failed to ensure the alarms were turned on, or aligned properly during the survey. Employee #1 turned on the alarms installed on the sliding glass door and the back door of the facility, and realigned the alarm on the front door during the survey.	Y 991		

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Y 991	Continued From page 3 Severity: 2 Scope: 3	Y 991			

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